STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	295024	A. BUILDING _____ B. WING _____	10/07/2009

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HARMONY MANOR HGH SNF	118 EAST HASKELL ST WINNEMUCCA, NV 89445

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F 000	INITIAL COMMENTS Surveyor: 27206 This Statement of Deficiencies was generated as a result of the annual Medicare recertification survey conducted at your facility on October 5, 2009 to October 7, 2009, in accordance with 42 CFR Chapter IV Part 483 Requirements for Long Term Care Facilities. The census was 28 residents. The sample size was 10 sampled residents which included 1 closed record, and 1 unsampled resident. The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigation, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. The following deficiencies were identified:	F 000		
F 164 SS=D	483.10(e), 483.75(l)(4) PRIVACY AND CONFIDENTIALITY The resident has the right to personal privacy and confidentiality of his or her personal and clinical records. Personal privacy includes accommodations, medical treatment, written and telephone communications, personal care, visits, and meetings of family and resident groups, but this does not require the facility to provide a private room for each resident. Except as provided in paragraph (e)(3) of this section, the resident may approve or refuse the release of personal and clinical records to any individual outside the facility.	F 164		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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F 164	Continued From page 1 The resident's right to refuse release of personal and clinical records does not apply when the resident is transferred to another health care institution; or record release is required by law. The facility must keep confidential all information contained in the resident's records, regardless of the form or storage methods, except when release is required by transfer to another healthcare institution; law; third party payment contract; or the resident. This REQUIREMENT is not met as evidenced by: Surveyor: 22116 Based on observation and interview, the facility failed to ensure the rights of personal privacy for 1 unsampled resident, by the event of a hospital lab technician performing a laboratory venipuncture in the activity room, during breakfast preparation (Resident #11). Findings include: During a random observation at approximately 7:00 AM on 10/6/09, it was observed approximately 20 residents were sitting at the various tables in the activity area awaiting breakfast, Some had already been served breakfast, some were drinking beverages. At one table, two residents were sitting, one of them Resident #11. It was observed that a staff person was performing a venipuncture to Resident #11. It could be visible from approximately 15 feet away that the staff person was using a butterfly needle to obtain the specimen. (A butterfly needle is a needle which has a short plastic tube	F 164		

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F 164	Continued From page 2 attached, approximately six to ten inches long.) During the procedure, the blood being drawn through the plastic tube and into the Vacutainer was visible. An interview with Employee #2 at 7:30 AM, revealed the lab technicians from the hospital routinely came to draw blood in the morning if tests were due. Employee #2 stated that usually the tests were done in the residents' rooms, but Resident #11 came to the dining area early and didn't want to walk back to her room if lab tests were to be done. Employee #2 agreed that although Patient #11 chose to have her blood tests done in the activity room, other residents would be aware of the procedure being done, and may even be able to see the procedure. Employee #2 agreed that watching a venipuncture being performed during a meal or activity may not be pleasant for some residents. Employee #2 acknowledged that if a resident did not want to go back to their room, there was a reading room near the dining area that could be used to provide privacy for such a procedure An interview with Resident #11 at approximately 8:30 AM, confirmed she was the resident who had a venipuncture performed at the breakfast table. Resident #11 stated the lab technician told her "they needed to draw blood, so I held out my arm." A telephone interview with the laboratory manager was conducted on 10/7/09 at 10:30 AM. The laboratory manager confirmed the lab technicians should not perform venipunctures to the skilled nursing residents in the dining room during meals.	F 164		
F 252	483.15(h)(1) ENVIRONMENT	F 252		

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F 252 SS=C	Continued From page 3	F 252		

The facility must provide a safe, clean, comfortable and homelike environment, allowing the resident to use his or her personal belongings to the extent possible.

This REQUIREMENT is not met as evidenced by:
Surveyor: 22116
Based on observation and interview, the facility failed to ensure a homelike environment for the residents in the common areas of the facility.

Findings include:

Random observations on 10/5/09 and 10/6/09 revealed two sheets of newspaper taped to a window in a door that led to the outside patio area. The newspaper was dated 8/26/09.

An interview with the Activity director revealed the newspaper sheets were taped to the window to act as a sun shade because the sun shone in the window of the door and was too bright for the residents. She confirmed the newspapers had been taped there for approximately the past two months. There had been no attempt to provide a curtain, blind or other type of window covering to replace the newspapers.

An interview with the Activity director also revealed that the staff break room was used for Resident Council meetings and Care Plan meetings. These meetings were attended by residents and/or their families.

An observation of the staff break room revealed it was cluttered with coats, and other outer wear

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F 252	Continued From page 4 coverings. Magazines and newspapers were scattered on tables. Resident identifier lists, specifically wanderers, and residents requiring additional hydration were taped to the side of the refrigerator. This room was also where a copy machine and fax machine were located as well as staff storage cubicles and mail boxes.	F 252		
F 309 SS=D	483.25 QUALITY OF CARE Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care. This REQUIREMENT is not met as evidenced by: Surveyor: 27206 Based on record review, interview, and policy review, the facility failed to ensure residents received appropriate care and services in a hypoglycemic event for 1 of 10 residents (Resident #7). Findings include: Resident #7 was admitted to the facility on 5/1/08, with diagnoses including diabetes, chronic obstructive pulmonary disease, and hypothyroidism. Medication orders included Lantus insulin 70 units at bedtime and 20 units every morning. There were no orders pertaining to how often finger stick blood sugar (FSBS) levels were to be checked, or when insulin doses were to be held.	F 309		

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During a routine interview with Resident #7 on 10/7/09 at 8:15 AM, it was revealed the resident had a hypoglycemic event after she went to bed on 10/5/09. "I knew my blood sugars were very low; I felt horrible and it felt like something was creeping up my legs. I called the nurse's aide, who called the nurse."

Record review revealed that when the nurse, Employee #4, did a finger stick check on Resident #7, the FSBS result was 37. Employee #4 wrote the following in the nurses notes on 10/5/09 at 10:26 PM: "Feeling dizzy and hot - checked FSBS was 37 so RN gave her a candy bar - will recheck BS later." According to the vital signs intake record, the next FSBS check was completed at 5:11 AM, and the result was 92.

The day-shift nurse, Employee #2, was interviewed on 10/7/09 at 8:50 AM. Employee #2 reported that when she arrived at the facility on 10/6/09 at 5:30 AM, Employee #4 told her about Resident #7's hypoglycemic event during the night, and that the resident's doctor had not been notified. Employee #2 checked Resident #7's FSBS, and the result was 79. The employee then gave the resident 160 cc of grape juice before giving the resident the normal morning dose of insulin. At 9:00 AM on 10/6/09, Employee #2 called the resident's physician, who instructed the employee to discontinue the morning insulin order and to reduce the evening dose to 60 units.

The RN (Registered Nurse) Manager, Employee #1, was interviewed on 10/7/09 at 9:10 AM, and she indicated she was unaware of Resident #7's hypoglycemic episode that occurred on 10/5/09. Employee #1 further explained that incidents were supposed to be recorded in a coordinator

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F 309	Continued From page 6 report every 24 hours or relayed verbally to her. The RN Manager acknowledged that the coordinator report was not consistently used. The RN Manager was asked about the facility's protocol for hypoglycemic events, and she indicated that residents were to be given juice, and if the FSBS level did not return to normal levels after 30 minutes, the doctor should be called. Another nurse, Employee #6, was asked on 10/7/09 at 10:00 AM about her understanding of the facility's protocol for caring for residents with hypoglycemia. Employee #6 indicated that she would give a resident orange juice with one tablespoon of sugar, recheck FSBS in 30 minutes, and if still low, give a candy bar. The employee further explained that she would not call a doctor unless the resident was symptomatic. The facility's Finger Stick Blood Sugars policy, dated 10/06, included the following procedure: "Any FSBS level that is less than 40 or greater than 400 and/or the resident is symptomatic, notify the physician." The facility lacked a policy addressing the protocol to be followed by nursing staff for meeting the needs of residents with hypoglycemia.	F 309		
F 371 SS=D	483.35(i) SANITARY CONDITIONS The facility must - (1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and (2) Store, prepare, distribute and serve food under sanitary conditions	F 371		

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F 371	Continued From page 7	F 371		

This REQUIREMENT is not met as evidenced by:
Surveyor: 27206
Based on observation, policy review, and interview, the facility failed to ensure food was stored under sanitary conditions.

Findings include:

A tour of the facility's kitchen on 10/5/09 at 11:30 AM revealed the following:

Improper food date marking: In the kitchen's refrigerator, there were opened, undated containers of crab salad and tuna salad, a bowl of gravy dated 10/8, and an opened container of ambrosia fruit salad dated 9/18. The food service supervisor, Employee #3, indicated that the kitchen's policy was to date prepared foods with discard dates, and to indicate when containers were opened. This method of food date marking did not include identifying the date of preparation.

Walk-in freezer: There was debris on the freezer floor, and there were enclosed crates on the floor on which boxes of food were placed. The crates prevented easy and thorough cleaning of the freezer floor.

Dry storage: There was a dented can in the dry storage room. According to the facility's Safe Food Handling policy, dated 2/03, "All dented cans will not be used, but will be returned to the supplier."

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F 371	Continued From page 8 Equipment: The steamer was leaking water onto the floor, creating a potential for falls/accidents. Ice scoop: A scoop was observed to be lying directly on the ice in an ice chest in the hallway, creating the potential for cross-contamination.	F 371		
F 431 SS=D	483.60(b), (d), (e) PHARMACY SERVICES The facility must employ or obtain the services of a licensed pharmacist who establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled. Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable. In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys. The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.	F 431		

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F 431	Continued From page 9	F 431		

This REQUIREMENT is not met as evidenced by:
Surveyor: 22116
Based on observation and interview, the facility failed to ensure medications were labeled with either an open or discard date for 2 multidose injectable vials.

Findings include:

An observation of the medication refrigerator at the nurses' station on 10/6/09 at 9:00 AM, revealed two multidose packages that had been opened. Within these packages were one multidose vial of Lantus insulin, 100 units and an opened multidose Tubersol (tuberculin test) vial. Neither of the multidose vials were labeled with either an opened date or a discard date

An interview with Employee #2 at 9:00 AM on 10/6/09, revealed that all multidose vials were to be labeled when opened and discarded 28 days later.

An interview with the Registered Nurse Manager at 9:10 AM on 10/6/09, confirmed that all multidose vials were to be labeled when opened. She also confirmed the medication refrigerator was to be checked every two weeks to ensure compliance.